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www.emsrb.state.mn.us

Application Advanced Life Support (ALS) Ambulance - Staffing Hardship Variance

M.S. § 144E.101 (Ambulance Service Requirements) subdivision 7:

Upon application from an ambulance service that includes <u>evidence demonstrating hardship</u>, the board may grant a variance from the staff requirements in paragraph (a), clause (1), and may authorize an advanced life support ambulance to be staffed by an Emergency Medical Responder driver with a paramedic for all emergency calls and inter-facility transfers. The variance shall apply to advanced life support ambulance services until the ambulance service renews its license. When the variance expires, an ambulance service may apply for a new variance under this paragraph. This paragraph applies only to an ambulance service whose primary service area is located outside the metropolitan counties listed in section 473.121, subdivision 4, and outside the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud, or an ambulance based in a community with a population of less than 1,000 persons.

Application Status: Initial: Renewal:			
Ambulance Service:	EMSRB Lice	ense #(s):	Exp. Date:
Address:	City:		Zip Code:
Contact Name:			
Contact Information: Phone:	Fax:	E-Mail:	
Number of Paramedics on the ambulance	service roster:		
Number of EMTs on the ambulance service	ce roster:		
Number of Minnesota Registered Emerge	ncy Medical Responders on t	he service roster	: <u> </u>
Explain the current staffing hardship (pleas	se be specific):		
Explain how you will recruit Emergency Me	edical Responders to serve o	n the ambulance	service:
Explain how you plan to increase the num	ber of certified Paramedics /	EMTs on the ser	vice roster:

Note: Please send the completed application to the EMSRB - EMS Specialist assigned to the ambulance service. If more space for documentation is needed, attach additional pages to the application.

"To protect the public's health and safety through regulation and support of the EMS system."